

INSTITUTIONAL EDIT REQUIREMENTS (ELN 165 - 199)

ELEMENT NAME: PROCESSING CODE (1-165)		
VALIDITY EDITS		
N/A		
RELATIONAL EDITS		
RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
OVERRIDE CODE	SEE BELOW	
TYPE OF SUBMISSION	SEE BELOW	
NAS EXCEPTION REASON	SEE BELOW	
HEALTH CARE PLAN CODE	SEE BELOW	
DIAGNOSIS EDITION IDENTIFIER	SEE BELOW	
REASON FOR ADJUSTMENT	SEE BELOW	
SPECIAL PROCESSING CODE	SEE BELOW	
SPECIAL RATE CODE	SEE BELOW	
EDITED ELEMENT RELATIONSHIP		
PROCESSING CODE IS A GROUP NAME FOR THE 8 ELEMENTS LISTED. IT HAS NO EDIT CRITERIA ITSELF. IF THE COMPONENT ELEMENTS ARE CORRECT, THIS ELEMENT IS CORRECT.		

ELEMENT NAME: OVERRIDE CODE (1-170)

VALIDITY EDITS

1-170-01	OCCURRENCE NUMBER 1
1-170-02	OCCURRENCE NUMBER 2
1-170-03	OCCURRENCE NUMBER 3
	VALUE MUST BE ONE OF THE VALID OVERRIDE CODES: 'A' - 'V', 'Y', 'Z', '11', '12', '13', '14', '15', OR BLANK
1-170-04	A VALUE CANNOT BE CODED MORE THAN ONCE (EXCEPT BLANK).

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
PATIENT DATE OF BIRTH	SEE BELOW	PATIENT RELATIONSHIP TO SPONSOR
FILING DATE	SEE BELOW	BEGIN DATE OF CARE
SPONSOR STATUS	SEE BELOW	
TREATMENT DIAGNOSIS	SEE BELOW	PATIENT DATE OF BIRTH
OP/NSP	SEE BELOW	TREATMENT DIAGNOSIS
OVERRIDE CODE (OCCURRENCES)	SEE BELOW	
SPECIAL RATE CODE	SEE BELOW	TYPE OF SUBMISSION
SPONSOR STATUS	SEE BELOW	PATIENT RELATIONSHIP TO SPONSOR

EDITED ELEMENT RELATIONSHIP

1-170-05R IF PATIENT DATE OF BIRTH INDICATES AGE¹ ≥ 65

THEN ONE OVERRIDE CODE MUST = 'A'.

**UNLESS ENROLLMENT
STATUS =**

FE TRICARE FOR LIFE - EXTRA OR

FS TRICARE FOR LIFE - STANDARD

IF ANY OCCURRENCE OF OVERRIDE CODE = 'A'

THEN PATIENT AGE² MUST BE ≥ 65.

1-170-06R IF PATIENT DATE OF BIRTH INDICATES AGE¹ < 12

**AND PATIENT
RELATIONSHIP TO
SPONSOR =**

S SPOUSE OR

F UNREMARIED WIDOW(ER)

G UNMARRIED WIDOW(ER)

¹ PATIENT AGE IS CALCULATED BASED ON DATE OF BIRTH AND CARE DATES. OVERRIDE MUST BE CODED IF AGE MEETS EDIT CRITERIA AT ANY TIME SPANNING FROM BEGIN DATE OF CARE TO END DATE OF CARE.

² IF OVERRIDE IS CODED, AGE MUST MEET EDIT CRITERIA AT SOME TIME, SPANNING FROM BEGIN DATE OF CARE TO END DATE OF CARE.

ELEMENT NAME: OVERRIDE CODE (1-170) (CONTINUED)

ONE OVERRIDE CODE MUST = 'B'.

IF ANY OCCURRENCE OF OVERRIDE CODE = 'B'

PATIENT AGE² MUST BE < 12AND PATIENT
RELATIONSHIP TO
SPONSOR =S SPOUSE OR
F UNREMARIED WIDOW(ER)
G UNMARRIED WIDOW(ER)**1-170-08R** IF PATIENT RELATIONSHIP TO
SPONSOR =T FORMER SPOUSE
H
R
YAND PATIENT DATE OF BIRTH INDICATES AGE¹ < 34

THEN ONE OVERRIDE CODE MUST = 'I'.

IF ANY OCCURRENCE OF OVERRIDE CODE = 'I'

THEN PATIENT AGE² MUST BE < 34AND PATIENT
RELATIONSHIP TO
SPONSOR MUST =T FORMER SPOUSE
H
R
Y**1-170-09R** IF BEGIN DATE OF CARE ≥ 01/01/1994

AND IF FILING DATE > END DATE OF CARE PLUS ONE YEAR

THEN ONE OVERRIDE CODE MUST = 'F'

OR IF FILING DATE IS LATER THAN LAST DAY OF CALENDAR YEAR FOLLOWING
CALENDAR YEAR IN WHICH CARE WAS RECEIVED (BASED ON BEGIN DATE OF CARE)

THEN ONE OVERRIDE CODE MUST = 'F'

1-170-10R IF ANY OCCURRENCE OF
OVERRIDE CODE =

M NATO

SPONSOR STATUS MUST =

T FOREIGN MILITARY

1-170-11R IF ANY TREATMENT DIAGNOSIS = MATERNITYAND PATIENT DATE OF BIRTH INDICATES AGE¹ < 12

THEN ONE OVERRIDE CODE MUST = 'E'.

IF ANY OCCURRENCE OF OVERRIDE CODE = 'E'

THEN PATIENT AGE² MUST BE < 12

AND AT LEAST ONE TREATMENT DIAGNOSIS MUST = MATERNITY

¹ PATIENT AGE IS CALCULATED BASED ON DATE OF BIRTH AND CARE DATES. OVERRIDE
MUST BE CODED IF AGE MEETS EDIT CRITERIA AT ANY TIME SPANNING FROM BEGIN DATE
OF CARE TO END DATE OF CARE.² IF OVERRIDE IS CODED, AGE MUST MEET EDIT CRITERIA AT SOME TIME, SPANNING FROM
BEGIN DATE OF CARE TO END DATE OF CARE.

ELEMENT NAME: OVERRIDE CODE (1-170) (CONTINUED)

1-170-12R	IF ANY OP/NSP OR DIAGNOSIS CODE IS FOR FEMALE AND PATIENT SEX IS MALE		
	ONE OVERRIDE CODE MUST = 'G'		
	IF ANY OCCURRENCE OF OVERRIDE CODE = 'G'		
	AT LEAST ONE OP/NSP OR DIAGNOSIS CODE MUST BE FOR FEMALE AND PATIENT SEX MUST BE MALE.		
	IF ANY OP/NSP OR DIAGNOSIS CODE IS FOR MALE (AND NOT FOR CIRCUMCISION, AND PRINCIPAL OR SECONDARY TREATMENT DIAGNOSIS IS NOT FOR DELIVERY) AND PATIENT SEX IS FEMALE		
	ONE OVERRIDE CODE MUST = 'H'		
	IF ANY OCCURRENCE OF OVERRIDE CODE = 'H'		
	AT LEAST ONE OP/NSP OR DIAGNOSIS CODE MUST BE FOR MALE AND PATIENT SEX MUST BE FEMALE.		
1-170-13R	OVERRIDE CODE OCCURRENCES MUST BE LEFT JUSTIFIED.		
1-170-14R	IF ANY OCCURRENCE OF OVERRIDE CODE =	N	RETROSPECTIVE PAYMENT-INPATIENT MENTAL HEALTH
	SPECIAL RATE CODE MUST =	K	HOSPITAL-SPECIFIC PSYCH PER DIEM RATE OR
		L	REGION-SPECIFIC PSYCH PER DIEM RATE
	AND TYPE OF SUBMISSION MUST =	A	ADJUSTMENT
		C	CANCELLATION
		B	ADJUSTMENT NON-HCSR DATA
		E	CANCELLATION NON-HCSR DATA
1-170-16R	IF ANY OCCURRENCE OF OVERRIDE CODE = 'Y'		
	PATIENT MUST BE NEWBORN (PATIENT DATE OF BIRTH EQUAL TO ADMISSION DATE).		
1-170-17R	IF ADMISSION DATE < 871001		
	NO OCCURRENCE OF OVERRIDE CODE MAY = 'Y'		
1-170-18R	IF ANY OCCURRENCE OF OVERRIDE CODE = 'S'		
	CONTRACTOR NUMBER MUST = 03, 06, 11, 53 57, 59, 60, OR 07		
1-170-19R	IF ANY OCCURRENCE OF OVERRIDE CODE = 'O'		
	AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST BE =	M	HEALTH CARE FINDER AND PARTICIPATING PROVIDER PROGRAM OR
		N	CHAMPUS SELECT
	AND CONTRACTOR NUMBER MUST = 45.		

¹ PATIENT AGE IS CALCULATED BASED ON DATE OF BIRTH AND CARE DATES. OVERRIDE MUST BE CODED IF AGE MEETS EDIT CRITERIA AT ANY TIME SPANNING FROM BEGIN DATE OF CARE TO END DATE OF CARE.

² IF OVERRIDE IS CODED, AGE MUST MEET EDIT CRITERIA AT SOME TIME, SPANNING FROM BEGIN DATE OF CARE TO END DATE OF CARE.

ELEMENT NAME: TYPE OF SUBMISSION (1-175)			
VALIDITY EDITS			
1-175-01	VALUE MUST = 'A', 'B', 'C', 'D', 'E', 'F', 'G', 'I', 'O', OR 'R'.		
RELATIONAL EDITS			
	RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
	HCSR INDICATOR	SEE BELOW	FILING DATE, TYPE OF NET RECORD ON PREVIOUS HCSR ON DATABASE, AMOUNT PAID BY GOVERNMENT CONTRACTOR, CONTRACT NUMBER, CONTRACT BEGIN AND END DATES, SPONSOR SOCIAL SECURITY NUMBER, BATCH/VOUCHER NUMBER
1-155-02R	AMOUNT PAID BY GOVERNMENT CONTRACTOR		FILING DATE
	AMOUNT OF OHI/AMOUNT OF TPL	SEE BELOW	
	FILING DATE	SEE BELOW	
	SPECIAL PROCESSING CODE	SEE BELOW	FREQUENCY CODE
	DENIAL REASON CODE	SEE BELOW	
EDITED ELEMENT RELATIONSHIP			
1-175-02R	WHEN TYPE OF SUBMISSION =	I INITIAL	
		R RESUBMISSION	
		O ZERO PAYMENT	WITH 100% OHI/TPL
		D COMPLETE DENIAL	
		F ADJUSTMENT NEW SUFFIX	
		G ADDITIONAL DRG INTERIM BILLING	
	THIS HCSR INDICATOR MUST NOT BE PRESENT ON THE DATABASE.		
1-175-03R	WHEN TYPE OF SUBMISSION IS EQUAL TO 'F' (ADJUSTMENT NEW SUFFIX) OR 'G' (ADDITIONAL DRG INTERIM BILLING), A HCSR EXCLUSIVE OF SUFFIX MUST BE PRESENT ON THE DATABASE (I.E., IF THE 'NEW SUFFIX' HCSR BEING SUBMITTED IS SUFFIX = 'D', AT LEAST ONE HCSR WITH THE SAME ICN AND SUFFIX <u>NOT EQUAL TO</u> 'D' MUST EXIST ON THE DATABASE).		
	<ul style="list-style-type: none">THE FOLLOWING EDITS (1-175-04R AND 1-175-06R) ARE GENERATED WHEN PROCESSING ADJUSTMENT AND COMPLETE CANCELLATION HCSRs. THESE RECORDS ARE MATCHED AND APPLIED TO THEIR CORRESPONDING INITIAL SUBMISSION HCSR AND ANY CORRESPONDING ADJUSTMENT HCSRs DURING EDITING. THE RESULT IS EITHER A SUCCESSFUL MATCH WITH THE "NET" (WHICH IS THEN EDITED) OR AN INCOMPATIBLE MATCH (1-175-04R), OR NO MATCH IS FOUND (1-175-06R).		
1-175-04R	INCOMPATIBLE MATCH FOUND.		

ELEMENT NAME: TYPE OF SUBMISSION (1-175) (CONTINUED)

MULTIPLE 'A' (ADJUSTMENTS) ARE ALLOWED FOR AN HCSR. ONLY ONE 'C' (CANCELLATION) IS ALLOWED FOR AN HCSR, THERE WILL BE NO SUBSEQUENT 'A'. A CANCELLATION (C) CANNOT BE APPLIED TO AN HCSR ALREADY ON THE DATABASE WITH ZERO IN (NET) AMOUNT PAID BY GOVERNMENT CONTRACTOR, **UNLESS** TYPE OF NET RECORD = 'A'.

WHEN TYPE OF SUBMISSION IS EQUAL TO 'B' (ADJUSTMENT TO NON-HCSR DATA) **OR** 'E' (CANCELLATION OF NON-HCSR DATA), AN HCSR WITH TYPE OF NET RECORD = 'I', 'R', 'O', 'D', 'A', 'C', 'F', 'X', **OR** 'E' MUST **NOT** BE PRESENT ON THE DATABASE. (THERE **CAN** BE A HCSR WITH TYPE OF NET RECORD = 'B'.)

1-175-06R NO MATCH FOUND.

WHEN TYPE OF SUBMISSION IS EQUAL TO 'A' (ADJUSTMENT) **OR** 'C' (CANCELLATION), THERE MUST BE A "MATCH" OF AN HCSR (WITH TYPE OF NET RECORD = 'I', 'F', 'R', **OR** 'O') ON THE DATABASE **UNLESS** FILING DATE IS MORE THAN XX MONTHS OLD (TO BE DETERMINED BY DATABASE PURGE PARAMETER). THIS "MATCH" CONSISTS OF HCSR INDICATOR (ICN AND HCSR SUFFIX). REFER ALSO TO 1-175-05R, WHERE SPONSOR SOCIAL SECURITY NUMBER*, AND CONTRACT NUMBER** MAY ALSO BE INCLUDED.

NOTE: IF FILING DATE IS MORE THAN XX MONTHS OLD (TO BE DETERMINED BY DATABASE PURGE PARAMETER), AN HCSR WITH TYPE OF NET RECORD = 'A', 'I', 'F', 'G', 'R', **OR** 'O' **MAY (OR MAY NOT)** EXIST ON THE DATABASE. THUS, THE MATCH IS APPLIED IF NET RECORD EXISTS.

1-175-05R * SPONSOR SOCIAL SECURITY NUMBER IS ONLY LOOKED AT AS "MATCH" CRITERIA IF THERE ARE DUPLICATE HCSR SUFFIXES. **IN THAT CASE**, IF A MATCH IS NOT FOUND ON SPONSOR SOCIAL SECURITY NUMBER FOR THIS HCSR INDICATOR (ICN AND HCSR SUFFIX), **THEN** THE HCSR CANNOT BE MATCHED AND NETTED. THE ORIGINAL SPONSOR SSAN MUST BE SUBMITTED ON ALL SUBSEQUENT ADJUSTMENTS/ CANCELLATIONS.

** CONTRACT NUMBER IS ONLY LOOKED AT AS "MATCH" CRITERIA IF THERE ARE DUPLICATE SPONSOR SOCIAL SECURITY NUMBERS FOR DUPLICATE HCSR SUFFIXES. FOR ADJUSTMENTS AND CANCELLATIONS WITH FILING DATES OUTSIDE OF THE BEGIN AND END DATES OF THE CURRENT CONTRACT, THE MATCH ON CONTRACT NUMBER IS OPTIONAL (1-175-06R).

1-175-07R IF TYPE OF SUBMISSION = O ZERO PAYMENT **WITH 100% OHI/TPL**
EITHER/BOTH AMOUNT OF OHI/AMOUNT OF TPL MUST BE > ZERO.

1-175-09R IF SPECIAL PROCESSING CODE = D DRG QUALIFYING FOR INTERIM PAYMENT

AND FREQUENCY CODE = 2 INTERIM-INITIAL

TYPE OF SUBMISSION MUST BE =

I INITIAL

R RESUBMISSION

A ADJUSTMENT

C CANCELLATIONS

E CANCELLATION OF NON-HCSR DATA

B ADJUSTMENT TO NON-HCSR DATA

IF SPECIAL PROCESSING CODE = D DRG QUALIFYING FOR INTERIM PAYMENT

AND FREQUENCY CODE = 3 INTERIM-INTERIM

4 INTERIM-FINAL

ELEMENT NAME: TYPE OF SUBMISSION (1-175) (CONTINUED)	
TYPE OF SUBMISSION MUST BE =	A ADJUSTMENT
	C CANCELLATION
	B ADJUSTMENT TO NON-HCSR DATA
	E CANCELLATION OF NON-HCSR DATA
	G ADDITIONAL DRG INTERIM BILLING
1-175-10R	IF ALL DETAIL OCCURRENCES ARE DENIED (DENIAL REASON CODE NOT BLANK)
TYPE OF SUBMISSION MUST BE =	A ADJUSTMENT TO PRIOR HCSR
	C COMPLETE CANCELLATION
	D COMPLETE DENIAL
	B ADJUSTMENT NON-HCSR DATA
	E CANCELLATION NON-HCSR DATA
	F ADJUSTMENT NEW SUFFIX
	G ADDITIONAL DRG INTERIM BILLING
1-175-11R	IF TYPE OF SUBMISSION =
	I INITIAL
	R RESUBMISSION
	D COMPLETE DENIAL
	O ZERO PAYMENT WITH 100% OHI/TPL
A HCSR MUST NOT BE PRESENT ON THE DATABASE WITH THIS HCSR INDICATOR, EXCLUDING THE SUFFIX (20 BYTES), FOR THIS CONTRACT NUMBER, WITH A DIFFERENT BATCH/VOUCHER NUMBER.	
1-175-12R	A HCSR SUFFIX PREVIOUSLY ASSIGNED CANNOT BE "RE-USED" WHEN TYPE OF SUBMISSION = 'F' (ADJUSTMENT TO PRIOR HCSR DATA, ADDITIONAL HCSR SUFFIX) FOR THIS SAME INTERNAL CONTROL NUMBER.
NOTE: THIS EDIT RELATES TO ADMINISTRATIVE CLAIM COUNT ASSIGNMENT ONLY.	
1-175-13R	IF AMOUNT ALLOWED = '0'
THEN TYPE OF SUBMISSION MUST =	A ADJUSTMENT PRIOR HCSR DATA
	B ADJUSTMENT NON-HCSR DATA
	C CANCELLATION
	D COMPLETE DENIAL
	E COMPLETE CANCELLATION TO NON-HCSR DATA
	F ADJUSTMENT NEW SUFFIX
	G ADDITIONAL DRG INTERIM BILLINGS
1-175-14R	IF RESUBMISSION NUMBER = ZERO FOR THIS BATCH OR VOUCHER,
TYPE OF SUBMISSION MUST BE =	A ADJUSTMENT TO PRIOR HCSR DATA
	B ADJUSTMENT NON-HCSR DATA
	C COMPLETE CANCELLATION PRIOR HCSR DATA

ELEMENT NAME: TYPE OF SUBMISSION (1-175) (CONTINUED)

	D	COMPLETE DENIAL
	E	COMPLETE CANCELLATION NON-HCSR DATA
	F	ADJUSTMENT NEW SUFFIX
	G	ADDITIONAL DRG INTERIM BILLING
	I	INITIAL
	O	ZERO PAYMENT WITH 100% OHI/TPL
1-175-15R	IF RESUBMISSION NUMBER > ZERO FOR THIS BATCH OR VOUCHER,	
	TYPE OF SUBMISSION MUST BE =	
	A	ADJUSTMENT TO PRIOR HCSR DATA
	B	ADJUSTMENT NON-HCSR DATA
	C	COMPLETE CANCELLATION NON-HCSR DATA
	D	COMPLETE DENIAL
	E	COMPLETE CANCELLATION NON-HCSR DATA
	F	ADJUSTMENT NEW SUFFIX
	G	ADDITIONAL DRG INTERIM BILLING
	O	ZERO PAYMENT WITH 100% OHI/TPL
	R	RESUBMISSION OF 'I'
1-175-16R	IF TYPE OF SUBMISSION =	
	I	INITIAL
	F	ADJUSTMENT NEW SUFFIX
	R	RESUBMISSION
AMOUNT BILLED, AMOUNT ALLOWED, NUMBER OF BIRTHS, TOTAL BED DAYS, GOVERNMENT AUTHORIZED BED DAYS, AMOUNT PAID BY OTHER HEALTH INSURANCE, AMOUNT ALLOWED BY OTHER HEALTH INSURANCE, AMOUNT OF THIRD PARTY LIABILITY, AMOUNT OF PAYMENT REDUCTION, PATIENT COINSURANCE, PATIENT COPAYMENT, AMOUNT PAID BY GOVT CONTRACTOR, NUMBER OF PAYMENT REDUCTION DAYS/SERVICES, UNITS OF SERVICE BY REVENUE CODE, TOTAL CHARGE BY REVENUE CODE MUST BE ≥ 0 .		
	IF TYPE OF SUBMISSION =	
	B	ADJUSTMENT TO NON-HCSR DATA OR
	E	COMPLETE CANCELLATION OF PRIOR HCSR DATA
THEN BEGIN DATE OF CARE MUST BE < 10/01/1994.		
1-175-18R	IF DATE HCSR PROCESSING TO COMPLETION > 01/01/1996	
	AND SPONSOR BRANCH OF SERVICE =	
	C	CHAMPVA
	THEN TYPE OF SUBMISSION MUST =	
	D	COMPLETE CONTRACTOR DENIAL INITIAL HCSR SUBMISSION

ELEMENT NAME: NAS EXCEPTION REASON (1-180)**VALIDITY EDITS**VALUE MUST BE IN RANGE: '1' - '9', 'A' - 'F', 'H' - 'O', **OR** BLANK**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
PATIENT ZIP CODE	SEE BELOW	SPONSOR BRANCH OF SERVICE, NAS NUMBER, DENIAL REASON CODE, ADMISSION DATE, PROGRAM INDICATOR
NAS NUMBER	SEE BELOW	
SPECIAL PROCESSING CODE	SEE BELOW	PATIENT ZIP CODE, ADMISSION DATE
TYPE OF INSTITUTION	SEE BELOW	PATIENT ZIP CODE, NAS NUMBER, ADMISSION DATE

EDITED ELEMENT RELATIONSHIP**NO ERROR** IF ENROLLMENT STATUS = **FE** **TRICARE FOR LIFE - EXTRA** **OR****FS** **TRICARE FOR LIFE - STANDARD****THEN BYPASS THE RELATIONAL EDITS FOR NAS EXCEPTION REASON**

NO ERROR IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	R MEDICARE/TRICARE DUAL ENTITLEMENT (FIRST PAYOR) AND BEGIN DATE OF CARE ≥ 10/01/2001 OR
	T MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) AND BEGIN DATE OF CARE ≥ 10/01/2001 OR
	AR SUPPLEMENTAL HEALTH CARE PROGRAM - REFERRED CARE OR
	AN SUPPLEMENTAL HEALTH CARE PROGRAM - NON- MTF-REFERRED CARE OR
	CE SUPPLEMENTAL HEALTH CARE PROGRAM - COMPREHENSIVE CLINICAL EVALUATION PROGRAM OR
	GU ACTIVE DUTY SERVICE MEMBER ENROLLED IN TRICARE PRIME REMOTE: NOT AT RISK PAYMENT BY CONTRACTOR OR
	MS TRICARE SENIOR PRIME (NETWORK) OR
	MN TRICARE SENIOR PRIME (NON-NETWORK) OR
	SC SUPPLEMENTAL HEALTH CARE PROGRAM - NON- TRICARE ELIGIBLE OR
	SE SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE OR

¹ **CATCHMENT AREA DETERMINATION IS BASED ON ADMISSION DATE.**

ELEMENT NAME: NAS EXCEPTION REASON (1-180) (CONTINUED)

SM SUPPLEMENTAL HEALTH CARE PROGRAM -
EMERGENCY

BYPASS ALL NAS EXCEPTION REASON EDITING.

1-180-02R IF PATIENT ZIP CODE IS NOT IN A CATCHMENT AREA¹

NAS EXCEPTION REASON MUST = BLANK

UNLESS SPECIAL PROCESSING CODE = 'ST'.

1-110-03R IF NAS NUMBER IS CODED

NAS EXCEPTION REASON MUST = BLANK.

1-180-04R IF BEGIN DATE OF CARE ≥ 09/23/1996

AND ENROLLMENT
STATUS =

E MANAGED CARE SUPPORT - TRICARE-TIDEWATER
PRIME

O NEW ORLEANS PRIME

H MANAGED CARE SUPPORT - HOMESTEAD
ENROLLED PATIENT

K MANAGED CARE SUPPORT - CALIFORNIA/
HAWAII, TRICARE PRIME ENROLLED PATIENT

U MANAGED CARE SUPPORT - PRIME, CIVILIAN PCM

Z MANAGED CARE SUPPORT - PRIME, MTF/PCM

EXIT.

IF PATIENT ZIP CODE IS IN A CATCHMENT AREA¹ AND NAS NUMBER IS NOT CODED
NAS EXCEPTION REASON MUST BE CODED

UNLESS HEALTH CARE
PLAN CODE =

11 MCS - FORT BRAGG DEMO

ANY OCCURRENCE OF
DENIAL REASON CODE =

9 NAS NOT PROVIDED

2 INELIGIBLE CLAIMANT

A DEERS

N MULTIPLE DENIAL REASONS

ANY OCCURRENCE OF
OVERRIDE CODE =

C GOOD FAITH PAYMENT

PROGRAM INDICATOR =

H PROGRAM FOR PERSONS WITH DISABILITIES OR

SPONSOR STATUS =

T NATO

IN WHICH CASE NAS EXCEPTION REASON MUST BE BLANK.

IF VOUCHER BRANCH OF
SERVICE =

10 CONTINUED HEALTH CARE BENEFIT PROGRAM

SPONSOR BRANCH OF
SERVICE MUST BE =

A ARMY

F AIR FORCE

¹ CATCHMENT AREA DETERMINATION IS BASED ON ADMISSION DATE.

ELEMENT NAME: NAS EXCEPTION REASON (1-180) (CONTINUED)

	M	MARINES
	N	NAVY
	E	PUBLIC HEALTH SERVICE
	I	NOAA
	P	COAST GUARD
1-180-05R	IF BEGIN DATE OF CARE ≥ 09/23/1996	
AND ENROLLMENT STATUS =	E	MANAGED CARE SUPPORT - TRICARE-TIDEWATER PRIME
	O	NEW ORLEANS PRIME
	H	MANAGED CARE SUPPORT - HOMESTEAD ENROLLED PATIENT
	K	MANAGED CARE SUPPORT - CALIFORNIA/ HAWAII, TRICARE PRIME ENROLLED PATIENT
	U	MANAGED CARE SUPPORT - PRIME, CIVILIAN PCM
	Z	MANAGED CARE SUPPORT - PRIME, MTF/PCM
EXIT.		
• THIS EDIT IS FOR DEMONSTRATION PROJECTS.		
IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	3	ALLOGENEIC BONE MARROW RECIPIENT - WILFORD HALL REFERRED ONLY OR
	4	ALLOGENEIC BONE MARROW DONOR - WILFORD HALL REFERRED ONLY OR
	6	HOME HEALTH CARE OR
	9	FORT DRUM COOPERATIVE MEDICAL CARE OR
	E	HHC/CM OR
	NE	OPERATION NOBLE EAGLE/OPERATION ENDURING FREEDOM
AND PATIENT ZIP CODE IS IN A CATCHMENT AREA ¹		
THEN NAS EXCEPTION REASON MUST =	9	DEMONSTRATION
UNLESS HEALTH CARE PLAN CODE =	11	MCS - FORT BRAGG DEMO
IF ANY SPECIAL PROCESSING CODE =	5	LIVER TRANSPLANT
	7	HEART TRANSPLANT
AND PATIENT ZIP CODE IS IN A CATCHMENT AREA ¹		
NAS EXCEPTION REASON MUST =	8	LIVER/HEART TRANSPLANT

¹ CATCHMENT AREA DETERMINATION IS BASED ON ADMISSION DATE.

ELEMENT NAME: NAS EXCEPTION REASON (1-180) (CONTINUED)

UNLESS HEALTH CARE PLAN CODE =	11	MCS - FORT BRAGG DEMO
IF NAS EXCEPTION REASON =	L	HOSPICE
SPECIAL PROCESSING CODE MUST =	#	HOSPICE
IF ANY SPECIAL PROCESSING CODE =	B	PARTNERSHIP PROGRAM, EXTERNAL WITH SIGNED AGREEMENTS OR
	O	CHARLESTON NAVAL HOSPITAL CAMCHAS MTF SERVICES
AND PATIENT ZIP CODE IS IN A CATCHMENT AREA ¹		
NAS EXCEPTION REASON MUST =	6	PARTNERSHIPS
	1	COVERAGE BY OTHER INSURANCE
	2	EMERGENCY MEDICAL TREATMENT
	I	TRICARE-TIDEWATER DRUG CLAIM
	J	TRICARE-TIDEWATER PREVENTATIVE CARE CLAIM
IF ANY SPECIAL PROCESSING CODE =	AD	ACTIVE DUTY CLAIMS
AND PATIENT ZIP CODE IS IN A CATCHMENT AREA ¹		
THEN NAS EXCEPTION REASON MUST =	Q	ACTIVE DUTY CLAIMS
UNLESS HEALTH CARE PLAN CODE =	11	MCS - FORT BRAGG DEMO
1-180-06R IF BEGIN DATE OF CARE ≥ 09/23/1996		
AND ENROLLMENT STATUS =	E	MANAGED CARE SUPPORT - TRICARE-TIDEWATER PRIME
	O	NEW ORLEANS PRIME
	H	MANAGED CARE SUPPORT - HOMESTEAD ENROLLED PATIENT
	K	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII, TRICARE PRIME ENROLLED PATIENT
	U	MANAGED CARE SUPPORT - PRIME, CIVILIAN PCM
	Z	MANAGED CARE SUPPORT - PRIME, MTF/PCM
EXIT.		
THE FOLLOWING APPLIES TO CATCHMENT ZIP CODES ¹ AND NAS NUMBER NOT CODED:		
UNLESS DENIAL REASON CODE = 'A', '1', OR '2':		
HEALTH CARE PLAN CODE =	11	MCS - FORT BRAGG DEMO
IF TYPE OF INSTITUTION =	71	SPECIALIZED TREATMENT FACILITY

¹ CATCHMENT AREA DETERMINATION IS BASED ON ADMISSION DATE.

ELEMENT NAME: NAS EXCEPTION REASON (1-180) (CONTINUED)

	82	ALCOHOLISM AND OTHER CHEMICAL DEPENDENCY
NAS EXCEPTION REASON =	7	SPECIALIZED TREATMENT FACILITY
	2	EMERGENCY
	1	OTHER PRIMARY INSURANCE
	Q	ACTIVE DUTY CLAIMS
IF TYPE OF INSTITUTION =	72	RESIDENTIAL TREATMENT CENTER
NAS EXCEPTION REASON =	5	RESIDENTIAL TREATMENT CENTER
	2	EMERGENCY
	1	OTHER PRIMARY INSURANCE
	Q	ACTIVE DUTY CLAIMS
IF TYPE OF INSTITUTION =	76	SKILLED NURSING FACILITY
NAS EXCEPTION REASON =	4	APPROVED NURSING FACILITY
	2	EMERGENCY
	1	OTHER PRIMARY INSURANCE
	Q	ACTIVE DUTY CLAIMS

¹ CATCHMENT AREA DETERMINATION IS BASED ON ADMISSION DATE.

ELEMENT NAME: HEALTH CARE PLAN CODE IDENTIFIER (1-185)

VALIDITY EDITS

1-185-01 MUST BE A VALID CODE AS DEFINED IN [CHAPTER 2](#), OR BLANK-FILLED.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
ENROLLMENT STATUS	SEE BELOW	TYPE OF SUBMISSION

EDITED ELEMENT RELATIONSHIP

NO ERROR IF ENROLLMENT STATUS = FE TRICARE FOR LIFE - EXTRA OR

FS TRICARE FOR LIFE - STANDARD

THEN BYPASS THE RELATIONAL EDITS FOR HEALTH CARE PLAN CODE IDENTIFIER

1-185-03R IF ENROLLEMENT STATUS = A CRI - FOUNDATION HEALTH PLAN **OR**
B CRI - PARTNERS HEALTH PLAN **OR**
C CRI - QUEENS HEALTH PLAN **OR**
N CRI - NOT ENROLLED, NOT STANDARD PROGRAM (EXTRA) **OR**

HEALTH CARE PLAN CODE
MUST = 01 CRI - PARTNERS HEALTH PLAN **OR**
02 CRI - PARTNERS HEALTH PLAN **OR**
03 CRI - QUEENS HEALTH PLAN

**UNLESS TYPE OF
SUBMISSION =** D DENIAL **OR**
C CANCELLATION **OR**
E CANCELLATION OF NON-HCSR DATA

1-185-04R IF ENROLLMENT STATUS = F FI STANDARD PROGRAM **OR**
S CRI STANDARD PROGRAM **OR**
Q NEW ORLEANS STANDARD PROGRAM **OR**
D MANAGED CARE SUPPORT - TRICARE STANDARD PROGRAM **OR**
M MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
Y CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD

THEN HEALTH CARE PLAN CODE MUST BE BLANK

**UNLESS TYPE OF
SUBMISSION =** D DENIAL
C CANCELLATION
E CANCELLATION OF NON-HCSR DATA

1-185-05R IF ENROLLMENT STATUS = O NEW ORLEANS PRIME

ELEMENT NAME: HEALTH CARE PLAN CODE IDENTIFIER (1-185) (CONTINUED)

		P	NEW ORLEANS NOT ENROLLED, NOT STANDARD PROGRAM
THEN HEALTH CARE PLAN CODE MUST BE '10'			
UNLESS TYPE OF SUBMISSION =		D	DENIAL
		C	CANCELLATION
		E	CANCELLATION OF NON-HCSR DATA
1-185-06R	IF ENROLLMENT STATUS =	H	MANAGED CARE SUPPORT - HOMESTEAD, ENROLLED PATIENT
		I	MANAGED CARE SUPPORT - HOMESTEAD, NON-ENROLLED PATIENT, NETWORK PROVIDER
		J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
THEN HEALTH CARE PLAN CODE MUST BE '05'			
UNLESS TYPE OF SUBMISSION =		D	DENIAL
		C	CANCELLATION
		E	CANCELLATION OF NON-HCSR DATA
1-185-07R	IF CONTRACTOR FHC OPTIONS (MENTAL HEALTH)		
THEN HEALTH CARE PLAN CODE MUST BE '06'			
UNLESS ENROLLMENT STATUS =		Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
		AA	CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA
THEN HEALTH CARE PLAN CODE MUST BE BLANK			
1-185-08R	IF HEALTH CARE PLAN CODE = '06'		
ENROLLMENT STATUS MUST =		D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
		E	MANAGED CARE SUPPORT - TRICARE-TIDEWATER PRIME
		G	MANAGED CARE SUPPORT - TRICARE-TIDEWATER EXTRA
		R	TRICARE EXTRA - NORTH CAROLINA
		T	MANAGED CARE SUPPORT - STANDARD PROGRAM
		U	MANAGED CARE SUPPORT - PRIME WITH CONTRACTOR NETWORK PCM
		V	MANAGED CARE SUPPORT - EXTRA
		W	TPR ACTIVE DUTY - USA

ELEMENT NAME: HEALTH CARE PLAN CODE IDENTIFIER (1-185) (CONTINUED)

Z MANAGED CARE SUPPORT - PRIME (WITH MTF/
CLINIC PCM)

1-185-09R IF CONTRACTOR WASHINGTON/OREGON

THEN HEALTH CARE PLAN CODE MUST BE '07'

AA CONTINUED HEALTH CARE BENEFIT PROGRAM
EXTRA

UNLESS ENROLLMENT
STATUS =

Y CONTINUED HEALTH CARE BENEFIT PROGRAM
STANDARD **OR**

AA CONTINUED HEALTH CARE BENEFIT PROGRAM
EXTRA

THEN HEALTH CARE PLAN CODE MUST BE BLANK

1-185-10R IF HEALTH CARE PLAN CODE = '07' (MANAGED CARE SUPPORT - REGION 11
[WASHINGTON/OREGON])

THEN ENROLLMENT STATUS
MUST =

R TRICARE EXTRA - NORTH CAROLINA **OR**

T MANAGED CARE SUPPORT - STANDARD TRICARE
PROGRAM **OR**

U MANAGED CARE SUPPORT - PRIME (WITH
CONTRACTOR NETWORK PCM) **OR**

V MANAGED CARE SUPPORT - EXTRA **OR**

W TPR ACTIVE DUTY - USA **OR**

Z MANAGED CARE SUPPORT - PRIME (WITH MTF/
CLINIC PCM) **OR**

BB TRICARE SENIOR PRIME **OR**

SN SUPPLEMENTAL HEALTH CARE PROGRAM - NON-
MTF-REFERRED CARE **OR**

SO SUPPLEMENTAL HEALTH CARE PROGRAM - NON-
TRICARE ELIGIBLE **OR**

SR SUPPLEMENTAL HEALTH CARE PROGRAM - MTF-
REFERRED CARE **OR**

ST SUPPLEMENTAL HEALTH CARE PROGRAM -
TRICARE ELIGIBLE

1-185-11R IF CONTRACTOR FHC OPTIONS (FORT BRAGG DEMO)

THEN HEALTH CARE PLAN CODE MUST BE = '11'

UNLESS ENROLLMENT
STATUS =

Y CONTINUED HEALTH CARE BENEFIT PROGRAM
STANDARD **OR**

AA CONTINUED HEALTH CARE BENEFIT PROGRAM
EXTRA

THEN HEALTH CARE PLAN CODE MUST BE BLANK

1-185-12R IF HEALTH CARE PLAN CODE = '11' (MANAGED CARE SUPPORT - FORT BRAGG, NC)

ELEMENT NAME: HEALTH CARE PLAN CODE IDENTIFIER (1-185) (CONTINUED)

THEN ENROLLMENT STATUS MUST =		R	TRICARE EXTRA - NORTH CAROLINA OR
		T	MANAGED CARE SUPPORT - STANDARD PROGRAM OR
		U	MANAGED CARE SUPPORT - PRIME (WITH CONTRACTOR NETWORK PCM) OR
		V	MANAGED CARE SUPPORT - EXTRA OR
		W	TPR ACTIVE DUTY - USA OR
		Z	MANAGED CARE SUPPORT - PRIME (WITH MTF/CLINIC PCM)
1-185-13R IF CONTRACTOR (REGION 06) TEXAS/OKLAHOMA/LOUISIANA/ARKANSAS			
THEN HEALTH CARE PLAN CODE MUST BE = '09'			
UNLESS ENROLLMENT STATUS =		Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD OR
		AA	CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA
THEN HEALTH CARE PLAN CODE MUST BE BLANK			
1-185-14R IF HEALTH CARE PLAN CODE = '09' (MANAGED CARE SUPPORT - REGION 6)			
THEN ENROLLMENT STATUS MUST =		R	TRICARE EXTRA - NORTH CAROLINA OR
		T	MANAGED CARE SUPPORT - STANDARD TRICARE PROGRAM OR
		U	MANAGED CARE SUPPORT - PRIME (WITH CONTRACTOR NETWORK PCM) OR
		V	MANAGED CARE SUPPORT - EXTRA OR
		W	TPR ACTIVE DUTY - USA OR
		Z	MANAGED CARE SUPPORT - PRIME (WITH MTF/CLINIC PCM) OR
		BB	TRICARE SENIOR PRIME OR
		SN	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-MTF-REFERRED CARE OR
		SO	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-TRICARE ELIGIBLE OR
		SR	SUPPLEMENTAL HEALTH CARE PROGRAM - MTF-REFERRED CARE OR
		ST	SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE OR
		TS	TRICARE SENIOR SUPPLEMENT
1-185-15R IF CONTRACTOR (REGION 09, 10, 12) CALIFORNIA/HAWAII			
THEN HEALTH CARE PLAN CODE MUST BE = '08'			

ELEMENT NAME: HEALTH CARE PLAN CODE IDENTIFIER (1-185) (CONTINUED)

UNLESS ENROLLMENT STATUS =		Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD OR
		AA	CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA
THEN HEALTH CARE PLAN CODE MUST BE BLANK			
1-185-16R	IF HEALTH CARE PLAN CODE = '08' (MANAGED CARE SUPPORT - REGIONS 9, 10, 12)		
THEN ENROLLMENT STATUS MUST =		R	TRICARE EXTRA - NORTH CAROLINA OR
		T	MANAGED CARE SUPPORT - STANDARD TRICARE PROGRAM OR
		U	MANAGED CARE SUPPORT - PRIME (WITH CONTRACTOR NETWORK PCM) OR
		V	MANAGED CARE SUPPORT - EXTRA OR
		W	TPR ACTIVE DUTY - USA OR
		Z	MANAGED CARE SUPPORT - PRIME (WITH MTF/CLINIC PCM) OR
		BB	TRICARE SENIOR PRIME OR
		SN	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-MTF-REFERRED CARE OR
		SO	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-TRICARE ELIGIBLE OR
		SR	SUPPLEMENTAL HEALTH CARE PROGRAM - MTF-REFERRED CARE OR
		ST	SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE OR
		TS	TRICARE SENIOR SUPPLEMENT
1-185-17R	IF CONTRACTOR (REGION 03, 04) HUMANA		
THEN HEALTH CARE PLAN CODE MUST BE = '13', '14', '15', '16'			
UNLESS ENROLLMENT STATUS =		Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD OR
		AA	CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA
THEN HEALTH CARE PLAN CODE MUST BE BLANK			
1-185-18R	IF HEALTH CARE PLAN CODE = '13', '14', '15', '16' (MANAGED CARE SUPPORT - REGIONS 3/4, EUROPE, PACIFIC, AND SOUTHCOM)		
THEN ENROLLMENT STATUS MUST =		R	TRICARE EXTRA - NORTH CAROLINA OR
		T	MANAGED CARE SUPPORT - STANDARD TRICARE PROGRAM OR
		U	MANAGED CARE SUPPORT - PRIME (WITH CONTRACTOR NETWORK PCM) OR

ELEMENT NAME: HEALTH CARE PLAN CODE IDENTIFIER (1-185) (CONTINUED)

V	MANAGED CARE SUPPORT - EXTRA OR
W	TPR ACTIVE DUTY - USA OR
X	ACTIVE DUTY - EUROPE OR
Z	MANAGED CARE SUPPORT - PRIME (WITH MTF/ CLINIC PCM) OR
BB	TRICARE SENIOR PRIME OR
SN	SUPPLEMENTAL HEALTH CARE PROGRAM - NON- MTF-REFERRED CARE OR
SO	SUPPLEMENTAL HEALTH CARE PROGRAM - NON- TRICARE ELIGIBLE OR
SR	SUPPLEMENTAL HEALTH CARE PROGRAM - MTF- REFERRED CARE OR
ST	SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE

1-185-19R IF CONTRACTOR (REGION 07, 08) TRIWEST**THEN** HEALTH CARE PLAN CODE MUST BE = '12'**UNLESS** ENROLLMENT
STATUS =Y CONTINUED HEALTH CARE BENEFIT PROGRAM
STANDARD **OR**AA CONTINUED HEALTH CARE BENEFIT PROGRAM
EXTRA**THEN** HEALTH CARE PLAN CODE MUST BE BLANK.**1-185-20R** IF HEALTH CARE PLAN CODE = '12' (MANAGED CARE SUPPORT - CENTRAL REGION
(REGION 7/8))**THEN** ENROLLMENT STATUS
MUST =R TRICARE EXTRA - NORTH CAROLINA **OR**T MANAGED CARE SUPPORT - STANDARD TRICARE
PROGRAM **OR**U MANAGED CARE SUPPORT - PRIME (WITH
CONTRACTOR NETWORK PCM) **OR**V MANAGED CARE SUPPORT - EXTRA **OR**W TPR ACTIVE DUTY - USA **OR**Z MANAGED CARE SUPPORT - PRIME (WITH MTF/
CLINIC PCM) **OR**BB TRICARE SENIOR PRIME **OR**SN SUPPLEMENTAL HEALTH CARE PROGRAM - NON-
MTF-REFERRED CARE **OR**SO SUPPLEMENTAL HEALTH CARE PROGRAM - NON-
TRICARE ELIGIBLE **OR**SR SUPPLEMENTAL HEALTH CARE PROGRAM - MTF-
REFERRED CARE **OR**ST SUPPLEMENTAL HEALTH CARE PROGRAM -
TRICARE ELIGIBLE

ELEMENT NAME: HEALTH CARE PLAN CODE IDENTIFIER (1-185) (CONTINUED)

1-185-21R IF CONTRACTOR (REGION 2/5)

THEN HEALTH CARE PLAN CODE MUST BE = '17'

**UNLESS ENROLLMENT
STATUS MUST =**

**Y CONTINUED HEALTH CARE BENEFIT PROGRAM
STANDARD OR**

**AA CONTINUED HEALTH CARE BENEFIT PROGRAM
EXTRA**

THEN HEALTH CARE PLAN CODE MUST BE BLANK.

1-185-22R IF HEALTH CARE PLAN CODE = '17' (MANAGED CARE SUPPORT - REGION 2/5)

**THEN ENROLLMENT STATUS
MUST =**

R TRICARE EXTRA - NORTH CAROLINA OR

**T MANAGED CARE SUPPORT - STANDARD TRICARE
PROGRAM OR**

U MANAGED CARE SUPPORT - PRIME OR

V MANAGED CARE SUPPORT - EXTRA OR

W TPR ACTIVE DUTY - USA OR

**Z MANAGED CARE SUPPORT - PRIME (WITH MTF/
CLINIC PCM) OR**

**SN SUPPLEMENTAL HEALTH CARE PROGRAM - NON-
MTF-REFERRED CARE OR**

**SO SUPPLEMENTAL HEALTH CARE PROGRAM - NON-
TRICARE ELIGIBLE OR**

**SR SUPPLEMENTAL HEALTH CARE PROGRAM - MTF-
REFERRED CARE OR**

**ST SUPPLEMENTAL HEALTH CARE PROGRAM -
TRICARE ELIGIBLE**

1-185-23R IF CONTRACTOR (REGION 1)

THEN HEALTH CARE PLAN CODE MUST BE = '18'

**UNLESS ENROLLMENT
STATUS MUST =**

**Y CONTINUED HEALTH CARE BENEFIT PROGRAM
STANDARD OR**

**AA CONTINUED HEALTH CARE BENEFIT PROGRAM
EXTRA**

THEN HEALTH CARE PLAN CODE MUST BE BLANK.

1-185-24R IF HEALTH CARE PLAN CODE = '18' (MANAGED CARE SUPPORT - REGION 1)

**THEN ENROLLMENT STATUS
MUST =**

R TRICARE EXTRA - NORTH CAROLINA OR

**T MANAGED CARE SUPPORT - STANDARD TRICARE
PROGRAM OR**

U MANAGED CARE SUPPORT - PRIME OR

V MANAGED CARE SUPPORT - EXTRA OR

W TPR ACTIVE DUTY - USA OR

ELEMENT NAME: HEALTH CARE PLAN CODE IDENTIFIER (1-185) (CONTINUED)

Z	MANAGED CARE SUPPORT - PRIME (WITH MTF/ CLINIC PCM) OR
BB	TRICARE SENIOR PRIME OR
SN	SUPPLEMENTAL HEALTH CARE PROGRAM - NON- MTF-REFERRED CARE OR
SO	SUPPLEMENTAL HEALTH CARE PROGRAM - NON- TRICARE ELIGIBLE OR
SR	SUPPLEMENTAL HEALTH CARE PROGRAM - MTF- REFERRED CARE OR
ST	SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE

ELEMENT NAME: REASON FOR ADJUSTMENT (1-195)**VALIDITY EDITS****1-195-01** VALUE MUST BE 'A' - 'F' **OR** BLANK.**RELATIONAL EDITS**

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
TYPE OF SUBMISSION	SEE BELOW	

EDITED ELEMENT RELATIONSHIP**1-195-02R** IF TYPE OF SUBMISSION = 'A', 'B', **OR** 'F'

REASON FOR ADJUSTMENT MUST = 'A' - 'F'.

IF TYPE OF SUBMISSION = 'D', 'I', 'R', **OR** 'O'

REASON FOR ADJUSTMENT MUST = SPACE.

IF TYPE OF SUBMISSION = 'C' **OR** 'E'

REASON FOR ADJUSTMENT MUST = 'D' - 'F'.

IF TYPE OF SUBMISSION = 'G'

REASON FOR ADJUSTMENT MUST = 'A'.

ELEMENT NAME: SPECIAL PROCESSING CODE (1-197)

VALIDITY EDITS

1-197-01,	OCCURRENCE NUMBER 1
1-197-02,	OCCURRENCE NUMBER 2
1-197-03	OCCURRENCE NUMBER 3 VALUE MUST BE A VALID CODE LISTED UNDER SPECIAL PROCESSING CODE LOCATED IN ADP MANUAL, CHAPTER 2, SECTION 8 OR BLANK.
1-197-04	A VALUE CANNOT BE CODED MORE THAN ONCE (EXCEPT BLANK).

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
NAS EXCEPTION REASON	SEE BELOW	PATIENT ZIP CODE
CONTRACTOR NUMBER	SEE BELOW	
1-100-05R	PATIENT ZIP CODE	
PRINCIPAL/SECONDARY OP/NSP	SEE BELOW	
SPONSOR STATUS	SEE BELOW	
SPONSOR BRANCH OF SERVICE	SEE BELOW	
PROGRAM INDICATOR	SEE BELOW	
SPECIAL PROCESSING CODE (OCCURRENCES)	SEE BELOW	
SPECIAL RATE CODE	SEE BELOW	FREQUENCY CODE
FILING DATE	SEE BELOW	
PROVIDER STATE OR COUNTRY	SEE BELOW	
BEGIN DATE OF CARE	SEE BELOW	
DENIAL REASON CODE	SEE BELOW	
PATIENT RELATIONSHIP TO SPONSOR	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

1-197-05R	IF NAS EXCEPTION REASON =	9	DEMONSTRATION PROJECTS
	THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST =	3	ALLOGENEIC BONE MARROW RECIPIENT - WILFORD HALL REFERRED ONLY OR
		4	ALLOGENEIC BONE MARROW DONOR - WILFORD HALL REFERRED ONLY OR
		9	FORT DRUM COOPERATIVE MEDICAL CARE OR
		E	HHC/CM OR
		NE	OPERATION NOBLE EAGLE/OPERATION ENDURING FREEDOM
	IF NAS EXCEPTION REASON =	8	HEART/LIVER TRANSPLANT

ELEMENT NAME: SPECIAL PROCESSING CODE (1-197) (CONTINUED)

AT LEAST ONE SPECIAL PROCESSING CODE MUST =		5	LIVER TRANSPLANT
		7	HEART TRANSPLANT
IF NAS EXCEPTION REASON =		6	PARTNERSHIPS
AT LEAST ONE SPECIAL PROCESSING CODE =		B	PARTNERSHIP PROGRAM, (EXTERNAL WITH SIGNED AGREEMENTS)
IF NAS EXCEPTION REASON =		L	HOSPICE
AT LEAST ONE SPECIAL PROCESSING CODE MUST =		#	HOSPICE
IF NAS EXCEPTION REASON =		Q	ACTIVE DUTY CLAIMS
AT LEAST ONE SPECIAL PROCESSING CODE MUST =		AD	ACTIVE DUTY CLAIMS
1-197-06R	IF PRINCIPAL/SECONDARY OP/NSP CODE IS 41.02 OR 41.03		
AT LEAST ONE SPECIAL PROCESSING CODE MUST =		3	ALLOGENEIC BONE MARROW RECIPIENT - WILFORD HALL REFERRED ONLY
IF BEGIN DATE OF CARE < 03/01/1997 OR (> 02/19/1998 AND < 09/01/1999)			
AND PRINCIPAL/SECONDARY OP/NSP CODE IS 50.51 OR 50.59			
THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST =		5	LIVER TRANSPLANT
ELSE BEGIN DATE OF CARE (≥ 03/01/1997 AND ≤ 02/19/1998) OR ≥ 09/01/1999			
AND PRINCIPAL/SECONDARY OP/NSP CODE IS 50.51 OR 50.59			
THEN SPECIAL PROCESSING CODE =		ST ¹	SPECIALIZED TREATMENT FACILITY
IF PRINCIPAL/SECONDARY OP/NSP CODE IS 37.5			
AT LEAST ONE SPECIAL PROCESSING CODE MUST =		7	HEART TRANSPLANT
1-197-07R	IF SPONSOR STATUS	T	FOREIGN MILITARY
NO OCCURRENCE OF SPECIAL PROCESSING CODE MUST =		B	PARTNERSHIP PROGRAM, EXTERNAL WITH SIGNED AGREEMENTS
1-197-09R	IF PROGRAM INDICATOR	H	PFPWD
NO OCCURRENCE OF SPECIAL PROCESSING CODE MUST =		B	PARTNERSHIP PROGRAM, EXTERNAL WITH SIGNED AGREEMENTS
		F	CAM DEMONSTRATIONS
		G	
		I	
		J	
		E	HHC/CM

ELEMENT NAME: SPECIAL PROCESSING CODE (1-197) (CONTINUED)

	N	CHAMPUS SELECT
1-197-10R	SPECIAL PROCESSING CODE OCCURRENCES MUST BE LEFT JUSTIFIED.	
1-197-11R	IF SPECIAL RATE CODE = 'G', 'I', 'J', 'M' OR 'O' (TRICARE/CHAMPUS DRG, WITH LONG STAY OR COST OUTLIER)	
	AND FREQUENCY CODE =	2 INITIAL
		3 INTERIM
		4 FINAL
	SPECIAL PROCESSING CODE =	D DRG QUALIFYING FOR INTERIM PAYMENT
1-197-12R	IF FILING DATE ≤ 10/01/1988	
	SPECIAL PROCESSING CODE MUST ≠	D DRG QUALIFYING FOR INTERIM PAYMENT
	IF SPECIAL PROCESSING CODE =	F REYNOLDS ARMY COMMUNITY HOSPITAL, FT. SILL
	THE FILING DATE MUST BE ≥ 06/01/1989, DATE OF ADMISSION ≤ 05/31/1992.	
	IF SPECIAL PROCESSING CODE =	G EVANS ARMY COMMUNITY HOSPITAL, FT. CARSON
	THE FILING DATE MUST BE ≥ 10/01/1989, DATE OF ADMISSION ≤ 09/30/1992	
	IF SPECIAL PROCESSING CODE =	I BERGSTROM AFB CATCHMENT AREA
	THE FILING DATE MUST BE ≥ 03/01/1990 AND DATE OF ADMISSION ≤ 04/30/ 1993.	
	IF SPECIAL PROCESSING CODE =	J LUKE/WILLIAMS AFB CATCHMENT AREA
	THE FILING DATE MUST BE ≥ 03/01/1990.	
1-197-13R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	
		K GEORGIA/FLORIDA PPO
	PROVIDER STATE OR COUNTRY CODE MUST BE =	09 FLORIDA
		10 GEORGIA
1-197-14R	IF BEGIN DATE OF CARE < 06/30/1988	
	NO OCCURRENCE OF SPECIAL PROCESSING CODE MAY =	E HHC/CM
1-197-15R	IF ANY DENIAL REASON CODE	
		G DEMONSTRATION AUTHORIZATION NOT ON FILE
	AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	F ARMY CAM DEMONSTRATIONS
		G
		E HHC/CM
		N CHAMPUS SELECT
1-197-16R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	
		R MEDICARE/TRICARE DUAL ENTITLEMENT
	AMOUNT OF OTHER HEALTH INSURANCE MUST NOT = ZERO.	
1-197-18R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	
		PO POINT OF SERVICE

ELEMENT NAME: SPECIAL PROCESSING CODE (1-197) (CONTINUED)

ENROLLMENT STATUS MUST BE =		E	MCS - TRICARE-TIDEWATER PRIME
		K	MCS - CA/HI ENROLLED
		O	NEW ORLEANS PRIME
		U	MANAGED CARE SUPPORT - PRIME (WITH CONTRACTOR NETWORK PCM)
		Z	MANAGED CARE SUPPORT - PRIME (WITH MTF/CLINIC PCM)
IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =		AD	ACTIVE DUTY CLAIMS OR
		GU	ACTIVE DUTY SERVICE MEMBER ENROLLED IN TRICARE PRIME REMOTE: NOT-AT-RISK PAYMENT BY CONTRACTOR
THEN ENROLLMENT STATUS MUST BE =		W	ACTIVE DUTY - USA OR
		X	ACTIVE DUTY - EUROPE
1-197-19R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AD	ACTIVE DUTY
THEN PATIENT RELATIONSHIP TO SPONSOR MUST BE =		b	SPONSOR
AND SPONSOR STATUS MUST =		A	ACTIVE DUTY OR
		B	RECALLED TO ACTIVE DUTY OR
		J	ACADEMY STUDENT/NAVY OCS OR
		N	NATIONAL GUARD OR
		Q	PRISONER/APPELLATE OR
		V	RESERVE OR
		T	FOREIGN MILITARY (NATO)
1-197-20R	IF ONE OCCURRENCE OF SPECIAL PROCESSING CODE = 'WR'		
THEN CONTRACTOR NUMBER MUST = '07' (REGIONS 7 AND 8)			
1-197-21R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	MS	TRICARE SENIOR PRIME (NETWORK) OR
		MN	TRICARE SENIOR PRIME (NON-NETWORK)
THEN ENROLLMENT STATUS MUST =		BB	TRICARE SENIOR PRIME
1-197-23R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AN	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-MTF-REFERRED CARE OR
		AR	SUPPLEMENTAL HEALTH CARE PROGRAM - REFERRED CARE OR

ELEMENT NAME: SPECIAL PROCESSING CODE (1-197) (CONTINUED)

	CE	SUPPLEMENTAL HEALTH CARE PROGRAM - COMPREHENSIVE CLINICAL EVALUATION PROGRAM OR
	SC	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-TRICARE ELIGIBLE OR
	SE	SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE OR
	SM	SUPPLEMENTAL HEALTH CARE PROGRAM - EMERGENCY
THEN ENROLLMENT STATUS MUST =	SR	SUPPLEMENTAL HEALTH CARE PROGRAM CLAIMS - REFERRED CARE OR
	SN	SUPPLEMENTAL HEALTH CARE PROGRAM CLAIMS - NON-MTF-REFERRED CARE OR
	SO	SUPPLEMENTAL HEALTH CARE PROGRAM CLAIMS - NON-TRICARE ELIGIBLE OR
	ST	SUPPLEMENTAL HEALTH CARE PROGRAM CLAIMS FOR TRICARE ELIGIBLE
1-197-24R	(REGIONAL STS FACILITIES FOR CARDIAC SURGERY AND INTERVENTIONAL CARDIOLOGY FOR REGION 3)	
	IF (DRG NUMBER = 104, 105, 106, 107, 108, 109, OR 112	
	AND REGION CODE = '03' (REGION 03)	
	AND PATIENT ZIP CODE IS IN EISENHOWER ARMY MEDICAL CENTER STSF CATCHMENT AREA	
	AND BEGIN DATE OF CARE ≥ 03/01/97)	
	THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'.	
1-197-25R	(NATIONAL STSF)	
	IF DRG NUMBER = (480 [LIVER TRANSPLANT]	
	AND BEGIN DATE OF CARE (≥ 03/01/1997 AND ≤ 02/19/98) OR ≥ 09/01/1999)	
	OR (481 [ALLOGENEIC BONE MARROW TRANSPLANTATION]	
	AND BEGIN DATE OF CARE ≥ 10/01/1997))	
	OR (302 [KIDNEY TRANSPLANTATION]	
	AND BEGIN DATE OF CARE ≥ 09/01/1999)))	
	AND PATIENT ZIP CODE IS IN 48 CONTIGUOUS UNITED STATES AND DISTRICT OF COLUMBIA	
	THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'	
	UNLESS NAS EXCEPTION	
	REASON =	K CONTINUED HEALTH CARE BENEFIT PROGRAM (CHCBP)
1-197-26R	(MULTI-REGIONAL STS FACILITIES FOR CARDIAC SURGERY FOR REGION 1 & 2)	
	IF REGION CODE = '01' (REGION 01)	
	OR REGION CODE = '02' (REGION 02)	
	AND BEGIN DATE OF CARE ≥ 10/01/1997	

ELEMENT NAME: SPECIAL PROCESSING CODE (1-197) (CONTINUED)

AND PATIENT ZIP CODE IS IN WALTER REED ARMY MEDICAL CENTER (WRAMC)
OR NATIONAL NAVAL MEDICAL CENTER (NNMC) STSF CATCHMENT AREA

AND DRG NUMBER = 104, 105, 106, 107, 108, 109, 110, **OR** 111

THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'

1-197-27R (REGIONAL STS FACILITIES FOR GENERAL SURGERY & ORTHOPEDIC SURGERY FOR REGION 1)

IF REGION CODE = '01' (REGION 1)

AND BEGIN DATE OF CARE ≥ 09/01/1999

AND PATIENT ZIP CODE IS IN NATIONAL NAVAL MEDICAL CENTER (NNMC)

OR WALTER REED ARMY MEDICAL CENTER (WRAMC)

OR MALCOLM GROW MEDICAL CENTER (MGMC) STSF CATCHMENT AREA

AND DRG = 191, 209, 286, **OR** 491

THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'

1-197-28R (REGIONAL STS FACILITIES FOR NEUROSURGERY, OTORHINOLARYNGOLOGY SURGERY, AND GYNECOLOGIC ONCOLOGY SURGERY FOR REGION 1)

IF REGION CODE = '01' (REGION 1)

AND BEGIN DATE OF CARE ≥ 09/01/1999

AND PATIENT ZIP CODE IS IN NATIONAL NAVAL MEDICAL CENTER (NNMC)

OR WALTER REED ARMY MEDICAL CENTER (WRAMC) STSF CATCHMENT AREA

AND DRG = 001, 003, 004, 049, 286, **OR** 357

THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'

1-197-29R (REGIONAL STS FACILITIES FOR NEUROSURGERY, ORTHOPEDIC SURGERY, GENERAL SURGERY, PERIPHERAL VASCULAR SURGERY, AND HEAD AND NECK SURGERY FOR REGION 3)

IF REGION CODE = '03' (REGION 3)

AND BEGIN DATE OF CARE ≥ 09/01/1999

AND PATIENT ZIP CODE IS IN EISENHOWER ARMY MEDICAL CENTER (EAMC) STSF CATCHMENT AREA

AND DRG = 001, 004, 049, 110, 111, 191, 209, 286, **OR** 491

THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'

1-197-30R (REGIONAL STS FACILITIES FOR NEONATAL INTENSIVE CARE FOR REGION 4)

IF REGION CODE = '04' (REGION 4)

AND BEGIN DATE OF CARE ≥ 05/01/1998

AND PATIENT ZIP CODE IS IN KEESLER MEDICAL CENTER STSF CATCHMENT AREA

AND DRG = 370, 372, 383, 604, 607, 611, 612, 613, 617, 618, 622, 626, **OR** 636

THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'

1-197-31R (REGIONAL STS FACILITIES FOR CARDIAC SURGERY FOR REGION 4)

IF REGION CODE = '04' (REGION 4)

AND BEGIN DATE OF CARE ≥ 05/01/1998

ELEMENT NAME: SPECIAL PROCESSING CODE (1-197) (CONTINUED)

	AND PATIENT ZIP CODE IS IN KEESLER MEDICAL CENTER STSF CATCHMENT AREA
	AND DRG = 104, 105, 106, 107, 108, 109, 110, 111, 112, 124, OR 125
	THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'
1-197-32R	(REGIONAL STS FACILITIES FOR GENERAL SURGERY, ORTHOPEDIC SURGERY, NEUROSURGERY, OTORHINOLARYNGOLOGY SURGERY AND GYNECOLOGIC ONCOLOGY SURGERY FOR REGION 4)
	IF REGION CODE = '04' (REGION 4)
	AND BEGIN DATE OF CARE ≥ 05/01/2000
	AND PATIENT ZIP CODE IS IN KEESLER MEDICAL CENTER STSF CATCHMENT AREA
	AND DRG = 001, 003, 004, 049, 191, 209, 286, 357, OR 491
	THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'
1-197-33R	(REGIONAL STS FACILITIES FOR GENERAL SURGERY, NEUROSURGERY, OTORHINOLARYNGOLOGY SURGERY, CARDIOTHORACIC SURGERY, ORTHOPEDIC SURGERY, AND GYNECOLOGIC ONCOLOGY SURGERY FOR REGION 6)
	IF REGION CODE = '06' (REGION 6)
	AND BEGIN DATE OF CARE ≥ 09/01/1999
	AND PATIENT ZIP CODE IS IN BROOKE ARMY MEDICAL CENTER (BAMC)
	OR WILFORD HALL MEDICAL CENTER (WHMC) STSF CATCHMENT AREA
	AND DRG = 001, 003, 004, 049, 104, 105, 106, 107, 109, 110, 111, 191, 209, 286, 357, OR 491
	THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'
1-197-34R	(REGIONAL STS FACILITIES FOR GENERAL SURGERY, NEUROSURGERY, OTORHINOLARYNGOLOGY SURGERY, CARDIOTHORACIC SURGERY, ORTHOPEDIC SURGERY, AND GYNECOLOGIC ONCOLOGY SURGERY FOR REGION 9)
	IF REGION CODE = '09' (REGION 9)
	AND BEGIN DATE OF CARE ≥ 09/01/1999
	AND PATIENT ZIP CODE IS IN NAVAL MEDICAL CENTER SAN DIEGO (NMCS D) STSF CATCHMENT AREA
	AND DRG = 001, 003, 004, 049, 104, 105, 106, 107, 109, 110, 111, 191, 209, 286, 357, OR 491
	THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'
1-197-35R	(REGIONAL STS FACILITIES FOR GENERAL SURGERY, NEUROSURGERY, OTORHINOLARYNGOLOGY SURGERY, CARDIOTHORACIC SURGERY, ORTHOPEDIC SURGERY, AND GYNECOLOGIC ONCOLOGY SURGERY FOR REGION 10)
	IF REGION CODE = '10' (REGION 10)
	AND BEGIN DATE OF CARE ≥ 09/01/1999
	AND PATIENT ZIP CODE IS IN DAVID GRANT MEDICAL CENTER (DGMC) STSF CATCHMENT AREA
	AND DRG = 001, 003, 004, 049, 110, 111, 191, 209, 286, 357, OR 491
	THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'
1-197-36R	(MULTI-REGIONAL STS FACILITIES FOR LIVER TRANSPLANTS FOR REGIONS 1, 2 AND 5)
	IF DRG = 480

ELEMENT NAME: SPECIAL PROCESSING CODE (1-197) (CONTINUED)

AND REGION CODE = '01' (REGION 01)	
OR REGION CODE = '02' (REGION 02)	
OR REGION CODE = '05' (REGION 05)	
AND BEGIN DATE OF CARE ≥ 09/01/1999	
AND INCLUDES ALL PATIENT ZIP CODES WITHIN REGIONS 1, 2 OR 5	
THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'	
1-197-37R	(VA REGIONAL STS FACILITIES CARDIOTHORACIC SURGERY FOR REGION 10)
IF REGION CODE = '10' (REGION 10)	
AND BEGIN DATE OF CARE ≥ 11/01/1999	
AND PATIENT ZIP CODE IS IN VA PALO ALTO HEALTH CARE SYSTEM (VAPAHCS)	
OR SAN FRANCISCO VA MEDICAL CENTER (SFVAMC) STSF CATCHMENT AREA	
AND DRG = 004 - 109	
THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'	
1-197-38R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =
	SN TRICARE SENIOR SUPPLEMENT (NON-NETWORK) OR
	SS TRICARE SENIOR SUPPLEMENT (NETWORK)
	THEN ENROLLMENT CODE MUST =
	TS TRICARE SENIOR SUPPLEMENT
1-197-41R	IF BEGIN DATE OF CARE IS ≥ 03/15/1999
	AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =
	E HOME HEALTH CARE/CASE MANAGEMENT (HHC/CM) DEMO (AFTER 03/15/1999, GRANDFATHERED INTO THE INDIVIDUAL CASE MANAGEMENT PROGRAM)
	THEN ANY OCCURRENCE OF SPECIAL PROCESSING CODE MUST =
	CM INDIVIDUAL CASE MANAGEMENT PROGRAM (ICMP) CLAIMS
1-197-42R	IF BEGIN DATE OF CARE ≥ 10/01/2001
	AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =
	FF TRICARE FOR LIFE (FIRST PAYOR) OR
	FS TRICARE FOR LIFE (SECOND PAYOR)
	THEN ENROLLMENT STATUS MUST =
	FE TRICARE FOR LIFE - EXTRA OR
	FS TRICARE FOR LIFE - STANDARD
1-197-43R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =
	FF TRICARE FOR LIFE (FIRST PAYOR) OR
	FS TRICARE FOR LIFE (SECOND PAYOR)
THEN BEGIN DATE OF CARE ≥ 10/01/2001	

ELEMENT NAME: SPECIAL PROCESSING CODE (1-197) (CONTINUED)

1-197-44R IF ANY OCCURRENCE OF
SPECIAL PROCESSING CODE = NE OPERATION NOBLE EAGLE/OPERATION
ENDURING FREEDOM

THEN BEGIN DATE OF CARE ≥ 09/14/2001 AND < 11/01/2003

ELEMENT NAME: SPECIAL RATE CODE (1-198)

VALIDITY EDITS

1-198-01 VALUE MUST = BLANK, 'A' - 'V'

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
FILING STATE	SEE BELOW	
DRG NUMBER	SEE BELOW	
DATE OF ADMISSION	SEE BELOW	
SPECIAL PROCESSING CODE	SEE BELOW	
PROGRAM INDICATOR	SEE BELOW	
OVERRIDE CODE	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

1-198-02R	IF FILING STATE =	34	NEW JERSEY
	SPECIAL RATE CODE MUST = 'A', 'B', 'C', 'D', 'E', 'F', 'P', 'K', 'L', OR BLANK.		
	IF FILING STATE NOT =	34	NEW JERSEY
	SPECIAL RATE CODE CANNOT = 'A', 'B', 'C', 'E', 'F'.		
	IF FILING STATE =	24	MARYLAND
	SPECIAL RATE CODE CANNOT = 'A', 'B', 'C', 'E', 'F', 'G', 'H', 'I', 'J', 'M', 'N', 'O', OR 'Q'.		
1-198-03R	IF DRG NUMBER IS CODED (OTHER THAN ZERO)		
	THEN SPECIAL RATE CODE MUST =	G	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER OR
		H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR
		I	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER OR
		J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER OR
		M	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER OR
		N	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR

ELEMENT NAME: SPECIAL RATE CODE (1-198) (CONTINUED)

	O	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER OR
	Q	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER OR
	U	SUPPLEMENTAL HEALTH CARE PROGRAM CLAIM OR ACTIVE DUTY MEMBER GSU CLAIM PAID OUTSIDE NORMAL LIMITS OR
	V	MEDICARE REIMBURSEMENT RATE
1-198-04R	IF SPECIAL PROCESSING CODE =	D DRG QUALIFYING FOR INTERIM PAYMENT
	THEN SPECIAL RATE CODE MUST =	G TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER
		I TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER
		J TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER
		M DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER
		O DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER
		U SUPPLEMENTAL HEALTH CARE PROGRAM CLAIM OR ACTIVE DUTY MEMBER GSU CLAIM PAID OUTSIDE NORMAL LIMITS
1-198-05R	IF DATE OF ADMISSION IS < 01/01/1989	
		SPECIAL RATE CODE MUST NOT = 'K' OR 'L'.
1-198-06R	IF PROGRAM INDICATOR =	H PFPWD
		SPECIAL RATE CODE MUST NOT = 'G', 'H', 'I', 'J', 'M', 'N', 'O', OR 'Q'.
1-198-07R	IF ANY OCCURRENCE OF OVERRIDE CODE =	T MHPD RECALCULATION OF RATES, NO COST-SHARE APPLIED
		SPECIAL RATE CODE MUST = 'K' OR 'L'
1-198-08R	WHEN THE SPECIAL RATE CODE IS 'A' OR 'B' OR 'C' OR 'E' OR 'F'	
		THEN THE END DATE OF CARE MUST BE LESS THAN 19890101.
1-198-09R	IF SPECIAL PROCESSING CODE =	# HOSPICE
	THEN SPECIAL RATE CODE MUST =	P PER DIEM RATE AGREEMENT OR
		D DISCOUNT RATE AGREEMENT OR
		U SUPPLEMENTAL HEALTH CARE PROGRAM CLAIM OR ACTIVE DUTY MEMBER GSU CLAIM PAID OUTSIDE NORMAL LIMITS
		V MEDICARE REIMBURSEMENT RATE
	UNLESS TYPE OF SUBMISSION =	D COMPLETE CONTRACTOR DENIAL
1-198-10R	IF SPECIAL RATE CODE =	V MEDICARE

ELEMENT NAME: SPECIAL RATE CODE (1-198) (CONTINUED)

THEN ANY OCCURRENCE OF SPECIAL PROCESSING CODE MUST =		T	MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) AND BEGIN DATE OF CARE ≥ 10/01/2001 OR
		FS	TRICARE FOR LIFE (SECOND PAYOR) OR
		MS	TRICARE SENIOR PRIME (NETWORK) OR
		MN	TRICARE SENIOR PRIME (NON-NETWORK)
1-198-11R	IF SPECIAL RATE CODE =	U	SUPPLEMENTAL HEALTH CARE PROGRAM CLAIM PAID OUTSIDE NORMAL LIMITS
THEN SPECIAL PROCESSING CODE MUST =		AR	SUPPLEMENTAL HEALTH CARE PROGRAM - MTF- REFERRED CARE OR
		AN	SUPPLEMENTAL HEALTH CARE PROGRAM - NON- MTF-REFERRED CARE OR
		CE	SUPPLEMENTAL HEALTH CARE PROGRAM - COMPREHENSIVE CLINICAL EVALUATION PROGRAM OR
		GU	ACTIVE DUTY SERVICE MEMBER ENROLLED IN TRICARE PRIME REMOTE: NOT AT RISK PAYMENT BY CONTRACTOR OR
		SC	SUPPLEMENTAL HEALTH CARE PROGRAM - NON- TRICARE ELIGIBLE OR
		SE	SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE OR
		SM	SUPPLEMENTAL HEALTH CARE PROGRAM - EMERGENCY